



OUR REF: MEA0201-C2

FW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **ANDERSON, ET AL.**

Examiner: SHAW, ELIZABETH ANNE

Serial No.: **10/693,660**

Group: **3644**

Filed: **10/24/03**

For: **METHOD AND APPARATUS FOR
CREATING A PATHWAY IN AN
ANIMAL**

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam/Sir:

In accordance with the duty of disclosure specified under 37 CFR 1.56, 1.97 and 1.98, your attention is directed to the patents/references listed ON THE ATTACHED FORM 1449 SUPPLEMENTAL LIST OF PATENTS below which may have some relation to the present invention.

This reference was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement.

Respectfully submitted,



LAWRENCE N. GINSBERG,
Attorney for Applicant
Reg. No. 30,943
21 SAN ANTONIO
NEWPORT BEACH, CA 92660-9112
Telephone/Fax 949-640-6261

7/3/05

DATE

09/08/2005 ZJUHAR1 00000004 10693660 180.00 OP
01 FC:1806

10/693,660



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 9/3/05.

L N Ginsberg
Lawrence N. Ginsberg, Reg. No. 30,943

9/3/05
Date



EXPRESS MAIL NO. N/A

FORM PTO-1449 SUPPLEMENTAL LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT	ATTORNEY DOCKET: MEA0201-C2	SERIAL NO.: 10/693,660
	APPLICANT: ANDERSON, ET AL.	
	FILING DATE: 10/24/2003	GROUP:

U.S. PATENT DOCUMENTS

EX. INT		DOCUMENT NO.	DATE	NAME	CLASS	SUBCLASS	FILE DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AP	4,109,659	8/29/1978	SHERIDAN			

FOREIGN PATENT DOCUMENTS

EX. INT		DOCUMENT NO.	DATE	COUNTRY	CLASS	SUBCLASS	TRNS.Y/N
	AL						
	AM						

OTHER ART (AUTHOR, TITLE, DATE, PERTINENT PAGES)

	AR	
	AS	

EXAMINER:	DATE CONSIDERED:
-----------	------------------



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/693,660
Filing Date	10/24/2003
First Named Inventor	Anderson
Examiner Name	SHAW, ELIZABETH ANNE
Art Unit	3644
Attorney Docket No.	MEA0201-C2

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 20 or HP = 0 x \$25.00 = \$ 0.00			
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 3 or HP = 0 x \$100.00 = \$ 0.00			
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0 - 100 = 0 / 50 = 0 (round up to a whole number) x \$125.00 = \$ 0.00				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other: SUBMISSION OF AN INFORMATION DISCLOSURE STATEMENT	\$180.00

SUBMITTED BY

Signature		Registration No. 30943 (Attorney/Agent)	Telephone 949-640-6261
Name (Print/Type)	Lawrence N. Ginsberg	Date	9/3/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.